



Report of the Director of Adult Social Care

Executive Board

Date: 3 November 2010

Subject: Domiciliary Care Strategy and Reablement

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

1. This report provides Executive Board with information about the direction of travel with regard to domiciliary care and the Community Support Service (CSS). It describes the significant progress that has already been made in terms of realising efficiencies and setting up reablement services, which has been achieved through close working with staff and the Trade Unions. However, it also highlights the evidence that further improvements can be made, so that the CSS is comparable with the most efficient providers of homecare, and able to meet the challenge of increased customer choice in how they arrange and receive social care support.
2. The personalisation agenda, with its focus on improving choice and control and increasing independence, is transforming the way adult social care is delivered, not least as the number of individuals purchasing their own care from a range of service providers increases month on month. The impact of this is particularly evident in terms of homecare services, which are a key element of community-based support packages for many of Adult Social Care's service users.
3. The total domiciliary care budget is in excess of £33 million, made up of local authority provision and contracted provision from the independent sector. This paper heralds major service improvements and sets the direction for the future delivery and management of homecare services in Leeds. These improvements will ensure the most effective provision possible, which also represents the best value for money.

4. This paper follows on from two reports presented to Executive Board in May and October 2005, which set out the commissioning strategy for homecare services. These identified three key drivers influencing the future strategic direction for homecare services in the city. First of these was the growing importance of personal care services in enabling people with high levels of need to remain at home, together with an emerging emphasis on prevention services. Secondly, the need for continuing development of integrated services with local health care providers was noted; and finally, the requirement to ensure value for money in securing the level and type of service required. In light of those drivers, and following large scale consultation, a commissioning strategy was developed and approved by Executive Board in October 2005. This outlined the main routes for the delivery of homecare services in Leeds, which are detailed in paragraph 2.2. The principles approved at that time continue to guide Leeds' approach to delivering homecare services.
5. Since then, developments at both the national and local levels have emphasised the need for a broader approach to the provision of services, including increased investment in prevention and early intervention services to promote independence and reduce the demand for long-term health and social care services. Many other local authorities have achieved this through establishing reablement services. Reablement is best defined as an approach which helps people do things for themselves rather than having things done for them¹. This recognises that sometimes people need some short-term, intensive help to live more independently in their own homes and communities, for example following a stay in hospital. Therefore reablement typically consists of a service, or range of services, offered in short programmes by trained staff to help people regain or maintain their independence. There is a growing body of research demonstrating the effectiveness of this approach.
6. Leeds' Adult Social Care (ASC) is now in the process of creating a large scale, citywide reablement service, and this report provides Members with information as to plans and timescales for implementation. This service will be drawn from within the existing Community Support Service, and will be part of our core business going forward. In order to implement this, and given the increasingly challenging financial climate, it has been necessary to undertake a broader review of the current directly provided homecare service in Leeds. These developments are currently the subject of a Scrutiny inquiry, three sessions of which will have been held by the time Executive Board meets to consider this paper; details of this inquiry are provided later in the report.
7. Members are asked to note the proposals outlined in this report to build on the progress made so far in improving the productivity and effectiveness of this service, including the establishment of a formal partnership agreement with the Commercial Services' Division of the Resources Directorate of the Council for the future management and provision of elements of the current service. In addition, Members are asked to note the growing evidence nationally, regionally and locally that local authorities are best placed to provide early intervention and prevention services in-house, whilst long-term care is increasingly commissioned from the independent sector or directly purchased by the individual through the use of a personal budget. A further report, produced by ASC and Commercial Services, will be brought to Executive Board in July 2011 recommending the future strategic direction of the service, including options for the future provision of the long-term community support service.

1.0 Purpose Of This Report

¹ CSED (2009a) Prospective Longitudinal Study, Interim Report 1: The Short-term Outcomes and Costs of Reablement Services, October 2009.

- 1.1 This report provides Members with information regarding homecare services in Leeds, and plans to further develop these in line with the commissioning strategy approved by Executive Board in 2005, as well as national and local developments since that time, so that Adult Social Care is able to respond to the increasingly challenging financial climate, whilst continuing to provide high quality front line services.
- 1.2 The report details plans to develop reablement services, which will promote independence, ensuring service users can remain in the community and reduce their need for long-term health and social care services. It also asks Members to note the implications of this for the remainder of the directly provided homecare service, as well as the intention to bring a further report to Executive Board in July regarding the future strategic direction of the service.

2.0 Background Information

- 2.1 A report was presented to Executive Board in May 2005 regarding homecare services in Leeds. This outlined the increasing pressures on the service, expressed in year on year increases in the number of hours of care provided, as well as the key drivers shaping the future of homecare services. In this context, large scale consultation events were held about the future commissioning of homecare, enabling a commissioning strategy to be developed; this was approved by Executive Board in October 2005.
- 2.2 The strategy outlined three main routes for the delivery of homecare services in Leeds. The first relates to short-term, intensive care, provided directly by the Local Authority, to help people recover from illness and be as independent as possible. The second relates to longer-term maintenance and support, likely to be less intensive, which independent sector providers are well placed to provide. The third route for delivery is through personal budgets, whereby service users purchase all or part of their care directly.
- 2.3 The principles and routes for delivery approved at that time remain relevant and continue to guide Leeds' approach to the provision of homecare services. However, national and local thinking has continued to develop over the last few years. In terms of national policy, the emphasis on short-term intensive support and prevention services has been reinforced, as is evident in a number of key documents, such as the green papers 'Independence, Wellbeing and Choice' and 'Shaping the Future of Care Together', as well as Putting People First.
- 2.4 The key driver for homecare, as expressed in the above policy documents, is now to promote independence, ensuring people can continue to live at home and care for themselves as far as possible. This represents a shift in emphasis away from local authorities providing traditional task based and long term services, towards modern outcome-focused services, such as reablement, which enable people to regain or maintain their independence. The importance of personalised services is also emphasised, so that people can exercise choice and control, and live their lives in the way they want, doing things themselves rather than having things 'done to them'.
- 2.5 In addition to these policy drivers, the financial climate has required all local authorities to review service provision, considering what services they provide, why and whether things could be done differently or by other organisations. The October Comprehensive Spending Review has increased the pressure on authorities to ensure they continue to be able to deliver their core business while delivering significant savings and efficiencies. In terms of homecare, this will exacerbate existing budget pressures on the service: the

requirement for homecare has already meant the budget has had to increase from £25 million in 2005 to £33 million in 2010 due to greater demand.

- 2.6 It is recognised that significant work has already been undertaken in Leeds to ensure services are provided in a personalised manner, with an emphasis on prevention and early intervention, in line with the commissioning strategy approved in 2005. However, further improvement and development is required if the Service is to meet the challenges ahead. This has been recognised by Adult Social Care Scrutiny Board, which is currently conducting an inquiry focusing on:

“the current provision of Domiciliary Care and the requirement for modernisation to meet customer demand whilst providing a quality service to those who receive homecare... [as well as] the development of the reablement service, the benefits this will bring and how this service is and will be delivered”².

- 2.7 Scrutiny Board is reviewing detailed evidence on topics including value for money, reablement, equipment and technology, working with partners and future commissioning. Its findings will be reported back to Executive Board and will inform future work in this area as well as the July 2011 report which will contain recommendations on the future strategic direction and provision of the service.

3 Main Issues

- 3.1 This section outlines plans to develop a large-scale reablement service; it also provides information about other drivers for change and the future of the remainder of the local authority service in light of the development of reablement, the personalisation agenda, and the financial climate.

Development of Reablement Services

- 3.2 Reablement services have quickly come to be seen as a cornerstone of preventative service initiatives: a CSED³ questionnaire in 2008 showed that 80% of authorities with social services responsibilities were either in the process of establishing a reablement scheme or enhancing and extending an existing one⁴. Leeds’ ASC is therefore able to learn from national leaders, who are further down the line, as we put our service in place

- 3.3 The benefits of reablement are well established nationally. CSED studies have found:
- Significant short-term improvements in social care outcomes, for example getting outdoors, being able to transfer from the bed to the chair, and washing and bathing
 - Reduced dependency levels, particularly in activities such as getting outdoors and personal care.
 - Significant improvement in perceived quality of life
 - Significant impact on health-related quality of life, particularly with regard to mobility, self-care, pain/discomfort and anxiety/depression
 - Significant short term improvement in perceived health, with around a third of users reporting that their health had improved.

As a result of these improved outcomes, in many cases people have reduced (or no) need for long term homecare or residential care following reablement. These services can therefore mitigate the demographic and financial pressures and risks associated with increased demand for homecare and ensure a sustainable model for the future.

² Adult Social Care Scrutiny Board: Draft Terms of Reference – Inquiry into the Future Provision of Domiciliary Care and Reablement Services, paragraph 2.1

³ Care Services Efficiency Delivery programme. CSED was established by the Department of Health in 2004 to help councils identify and develop more efficient ways of delivering adult social care.

⁴ CSED (2008) Homecare Re-ablement: CSSR Scheme Update Version, May 2008,

- 3.4 The Leeds' Reablement Service model will incorporate a group of complementary services through which people can be 'reabled', including:
- Assistive Technology (AT) Services - providing equipment⁵, alarms and adaptations that help people live more independently. This includes telecare: specialised equipment which uses telecommunications technology to provide remote care and monitoring of vulnerable people, allowing them to remain living in their own homes⁶...
 - The Community Support Service (CSS) Skills for Independent Living (SkILs) Team is a team that will be created to support people to develop and practice personal, domestic and social skills of daily living in their homes, so that they build confidence and achieve maximum independence. This includes practicing skills in personal care⁷, nutritional care, domestic activities and tasks⁸, taking prescribed medication, mobility in the home⁹, communication skills¹⁰ and home-based social activities¹¹.
 - The Outreach Service – providing support for service users in community settings so planned day activities fit with individual preferences and circumstances within local networks. This can include providing opportunities for service users to meet other people in local venues such as cafes and community centres, to build friendships, maximise independence and promote social inclusion.
- 3.5 Some of Leeds' reablement services are well established, like many of our Assistive Technology Services; others are new, like the CSS SkILs team. We will bring old and new together, providing a coherent and coordinated reablement service for all adults in Leeds who are eligible for help from Adult Social Care and suitable to take part in a reablement programme.
- 3.6 In order to develop our plans, and test the model in Leeds, an Early Implementer (EI) in the West/ North West of the city has been running since May 10th 2010, focusing on new referrals into ASC in the areas covered¹². Early results show that a significant proportion of service users assessed at point of entry could benefit from reablement and/ or do not require long-term homecare. From the 77 completed reablement assessments since the EI started¹³, evidence shows:
- 26% of cases required no further action or were signposted to other services
 - 21% were provided with Assistive Technology only
 - 47% were provided with CSS SkILs reablement¹⁴
 - 1% were provided with Outreach
 - 5% were referred to long term care.
- 3.7 Over this period, a total of 37 service users have received reablement from the new CSS SkILs team, with 26 service users having completed their reablement packages. CSS SkILs team users received an average of between 4 and 6 hours of reablement per week, with an average length of reablement period of just over 5 weeks. Of those service users who have completed their CSS SkILs team reablement packages:
- 6 service users required long-term home care
 - 14 service users no longer required services

⁵ Such as commodes, bed raisers and hoists.

⁶ Such as smoke detectors, flood detectors, fall sensors, medication dispensers and wandering alerts.

⁷ Such as personal hygiene, bathing continence promotion

⁸ Such as cooking and cleaning

⁹ Such as getting in and out of bed/ a chair

¹⁰ Such as using the telephone

¹¹ Such as using the internet

¹² The weekly panel considering requests for long-term support is also diverting appropriate new requests through to the Early Implementer.

¹³ 197 referrals for reablement assessment have been received in total

¹⁴ A proportion of this figure also received AT as part of the overall reablement package.

- 6 service users are currently being assessed for long-term support.
- 3.8 In terms of the financial impact of reablement, analysis of evidence to date has shown:
- Based on cases where reablement has completed, the average cost of a CSS SkILs Team package is £319
 - The average additional cost of an AT package is £62.¹⁵
 - On average, for a service user who without CSS SkILs team reablement (only¹⁶) would have otherwise received a home care package¹⁷, the indicative average whole year saving comes to £3,301.50 per person
 - Where an average AT package is added to the CSS SkILs team reablement package, the indicative average whole year saving comes to £3,989 per person.
- 3.9 It should be noted that 'savings' in this context refers to expenditure which would otherwise have been incurred by providing long-term services and support. As these are new service users, who had no previous support in place, these are efficiencies not cashable savings. On the basis of available national evidence, it is probable that cashable savings will be realised if reablement is offered to existing service users.
- 3.10 To test all possible pathways into reablement, we launched a second Early Implementer in East/North East in September 2010, taking in people discharged from Leeds' Teaching Hospitals Trust, and will be extending this second EI to South in October 2010, so that the reablement service has a presence in all three management wedges. This will significantly increase the referral rate and the proportion of mid to high need cases coming through the system. It will also provide robust data with which to make long term projections regarding service user outcomes and potential financial efficiencies, feeding in to our service planning work
- 3.11 We are also developing a roll out plan so that a fully operational, city wide service is in place for April 2011. The new SkILs Team will be resourced using staff from the existing CSS service, who will be released as the new service is rolled out across the city. Further work is required to definitively determine the exact size and number of staff that will be required to deliver reablement as part of this team, but current estimates suggest between 73 and 137 full-time equivalents will be needed, including those already working in the Early Implementer team.
- 3.12 Based on national, regional and local learning, providing a reablement service model in Leeds will deliver significant improvements and benefits, in terms of:
- Targeted, early intervention, so services are offered to users earlier in their care pathway than under the existing model, before a point of crisis, and preventing premature admissions to hospital, residential and nursing care
 - Holistic needs assessment, emphasising what service users *can* do, as well as where they need support.
 - Time limited intervention – Service users will receive short term intensive support of generally up to six weeks
 - Person-centred rather than task orientated approach, with services customised to cater to individual circumstances
 - Reduced long term support needs
 - Closer working with family and carers to design individual reablement programmes,

¹⁵ One-off unit cost.

¹⁶ *Inter alia*, did not require other reablement services such as AT or Outreach.

¹⁷ Based on an average of 4.9 hours home care provided per week at a cost of £14.50 per hour = £71.00 home care per week.

Service user case studies are provided in Appendix I, which provide a snapshot of the way that reablement services in Leeds are already helping to deliver these benefits.

Financial Context

- 3.13 As noted above, one of the benefits of reablement is that it can reduce or eliminate the need for individuals to receive long term home or residential care. It can therefore mitigate the financial pressures on social care services, ensuring they are sustainable for the future. This is critical at the present time, as budgetary pressures on the service, ASC and LCC as a whole are increasing.
- 3.14 It is well established that the current financial climate is resulting in significant challenges for local authorities. The October spending review has further increased this pressure, with substantial cuts in funding announced. Authorities will all need to ensure they are focusing on core business and delivering significant savings and efficiencies through introducing new service models and ways of working.
- 3.15 Significant improvements have already been made in the directly provided Community Support Service through close working with staff and Trade Unions. The service has become more efficient, particularly as a result of an increased focus on attendance management, in terms of supporting people to return to work following a period of ill health. However, further improvements can be made as regards flexibility and productivity. The intention is now to restructure the service, ensuring teams are located in the areas they are needed, and more flexible rotas and working patterns are introduced. Work is also ongoing to introduce appropriate IT systems to support the service, for example in terms of electronic rostering. This will improve our ability to respond to customer demand and provide a service when and where customers want and need it.

The Directly Provided Local Authority Community Support Service

- 3.16 In order that high quality long-term homecare, as well as new reablement services, can be provided to all users who need them, a fundamental review of the current in-house service is required. This review needs to deliver a financially sustainable model for the future, as well as taking into account the impact of personalisation. Self-directed support has now gone live in Leeds, and more and more people are choosing to receive a personal budget and buy their care directly. Over time, this will result in a decrease in demand for in-house community support service provision, as service users are unlikely to choose to purchase more expensive services with their budget.
- 3.17 The in-house community support service currently employs 1043 employees (equivalent to 739 full time workers). These are divided into different teams, as follows:

Services	Number of Staff	Contracted hours
Mental Health – Reablement	36.5	1145.3
Mental Health – Long-term	36.5	1072.0
Generic – Reablement	11.00	295.00
Generic – Long-term	835.0	21261
Evening & Night Services	5	157.5
Extracare housing	93.0	2526.7
Management and Administrator resource (excluding supervisors)	26	892.5

- 3.18 As noted above, a new CSS SkILs team is being created to deliver homecare reablement, using current CSS staff, who will be released as the new service is rolled out across the city. Further work is required to definitively determine the exact size and number of staff that will be required to deliver reablement as part of this team, but current estimates suggest between 73 and 137 full-time equivalents will be needed, including those already working in the Early Implementer team.
- 3.19 In addition, a programme of voluntary early retirement and voluntary severance in the service has started, in line with the corporate initiative to reduce the overall number of staff employed in the service. Expressions of interest have been sought from staff: to date 267 have indicated their interest in VER and VS. The intention is to move ahead with this as quickly as possible, whilst ensuring the quality of the statutory regulated service is maintained and continuity of service to individuals is ensured.
- 3.20 VER and VS could reduce the size of the overall service by up to 25% of staff. In addition, staff across Adult Social Care are being asked to express interest in VER/VS through the corporate initiative. This may create opportunities for homecare staff to be redeployed to other service areas, leading to further potential downsizing of the Community Support Service. Once these changes have taken place, it is also essential that the remainder of the long-term service is structured in such a way as to maximise efficiency and meet the needs of service users in the most effective way.
- 3.21 ASC will continue this programme of work to build on the improvements already made throughout 2010-11, by working with staff and Trade Unions, and from now will also be supported by Commercial Services in implementing these service improvements. Commercial Services have the necessary skills and experience in this regard, having already taken on a number of other services and achieved significant improvements in efficiency terms. The Commercial Services division employs approximately 3,000 staff, and generates approximately £80m revenue a year. Within this it operates a wide range of tendered contracts including Passenger Transport and Care Catering both of which are provided to Adult Social Care. Commercial Services has a long track record of open and constructive employee engagement and with Trades Unions.
- 3.22 Given this, from 2011 the intention is to establish a formal partnership arrangement with Commercial Services enabling the Resources Directorate to undertake the operational management of the long-term generic service, together with other elements as appropriate (excluding reablement, which will remain as ASC core business), under the Chief Officer Commercial Services. Working in partnership in this manner will allow further improvements to be delivered, whilst the options for future partnership development and service changes are considered in more detail.
- 3.23 In considering the future strategic direction of the service, it is suggested that provision of long-term community support will not form part of the future role of ASC, which will focus instead on providing reablement and specialist rapid response services for people in crisis, where the local authority can offer added value due to the skills and experience of staff in these services. Indeed, the majority of other local authorities have outsourced much of their long-term homecare already, as noted in a recent report from the NHS Information Centre:
- The number of contact hours provided directly by CASSRs (councils with adult social services responsibilities) has fallen by 9 per cent in the last year, continuing the downward trend. CASSRs now directly provide 19 per cent of total contact hours, compared with 22 per cent in 2007-08 and 33 per cent in 2003-04. Correspondingly, the number of contact hours provided by the independent sector (private and voluntary sectors) increased by 11 per cent between 2007-08 and 2008-09. 81 per*

cent of all contact hours were provided by the independent sector in 2008-09, compared to 78 per cent in 2007-08 and 67 per cent in 2003-04.¹⁸

- 3.24 The most recent data regarding Leeds' ASC provision shows that, in 2009/10:
- In terms of the total number of service users, 38% (2,154 people) received homecare services from the directly provided service; the remaining 62% (3,494 people) received services from the independent sector
 - In terms of the actual number of homecare hours delivered, 36% of these (875,940 hours) were delivered by the directly provided service; the remaining 64% (1,557,116 hours) were delivered by the independent sector,
- 3.25 This is in contrast to provision in other core cities. The most recent data available from the NHS Information Centre, which relates to 2008/09, shows the split of provision in these authorities as follows:

Local Authority	Provided by the Council	Provided by the Independent Sector
Sheffield	709,030 (30%)	1,642,200 (70%)
Bristol	298,845 (25%)	912,390 (75%)
Nottingham	286,830 (24%)	915,980 (76%)
Birmingham	877,550 (19%)	3,645,150 (81%)
Manchester	555,620 (15%)	3,068,885 (85%)
Liverpool	360,670 (13%)	2,365,325 (87%)
Newcastle	272,625 (12%)	1,954,945 (88%)
Leeds (2009/10 data) ¹⁹	875,940 (36%)	1,557,116 (64%)

- 3.26 The potential benefits of commissioning long-term generic homecare from the independent sector, rather than providing it in-house, are clear from a financial perspective. The independent sector in Leeds has also already proven that it is able to deliver good quality and flexible long-term homecare, delivering the majority of this support to service users in Leeds at the present time. Therefore, it is proposed that consideration is now given to an approach which will enable LCC to develop a strategic direction for the service, including options, plans and timescales regarding the commissioning of these services in the future. A further report will be provided by ASC and Commercial Services which develops options, including the recommended size of the in-house service and ways for achieving this. Consideration will be given to every option, including further VER/ VS, redeployment, the establishment of a social enterprise or co-operative and increased use of the independent sector. In the prevailing financial climate, value for money considerations will be important. An evaluation of options will be presented to Executive Board in July 2011.

4 Implications For Council Policy And Governance

- 4.1 The council policy with regard to the provision of homecare is contained within the reports presented to Executive Board in May and October 2005, and the proposals in this report are consistent with the strategic direction and routes for provision of service contained therein. In addition, they are in line with key national policy documents, such as the green papers 'Independence, Wellbeing and Choice' and 'Shaping the Future of Care Together', as well as Putting People First. The approach to providing early intervention and prevention services has already been adopted by the majority of local authorities in England.

¹⁸ Community Care Statistics 2008-09. Social Services Activity Report, England, Published April 2010.

¹⁹ 2009/10 figures are provided for Leeds, as inaccuracies in 2008/09 recording systems resulted in data that is not robust for statistical comparison. 2009/10 figures for core cities are not available yet.

- 4.2 The proposals contained within this report have no implications for council governance, and can be managed within the existing constitution. Precedents are established, and will be followed, as regard to the establishment of a formal internal partnership to manage the long-term generic service within Commercial Services, (as previously accomplished in relation to both Transport and Community Meals services).
- 4.3 Adult Social Care Scrutiny Board is currently partway through an inquiry focusing on domiciliary care and the development of reablement services, as noted in section 2. The inquiry has reviewed information about the current situation in Leeds as regards domiciliary care, including current methods of service provision, analysis of local demand in the short and long-term, and potential resource implications. The working group has also reviewed detailed information on reablement services, including evidence about outcomes for service users, development of systems and processes, and timescales for implementation. Members were positive about the benefits the reablement service will offer people in Leeds, and supportive of plans to further develop and roll-out services across the city. Future sessions will consider the implications for the long-term directly provided homecare service; the outcomes of the inquiry will inform future plans for this service, and the further report that will be presented to Executive Board in July 2011.

5 Legal And Resource Implications

- 5.1 An equality impact assessment is underway focusing on the development of the reablement service, and advice will be sought from subject matter experts as to whether any others are required.
- 5.2 There are no legal implications resulting from the proposals in this report; all staff will remain as LCC employees during the partnership with Commercial Services. If Executive Board agree the proposed future strategy, of commissioning long-term homecare from the independent sector, any legal or resource implications arising from this will be fully detailed in the July 2011 report.
- 5.3 In terms of resources, the proposals contained within this paper seek to ensure that homecare services can be provided in the most efficient and effective way possible, so that LCC can do more for less. This will be achieved in the first instance through the implementation of reablement, which will promote the independence of service users and reduce demand for long-term social care and health services, as well as a reduction in the size of the current long-term service through a programme of VER/VS.

6 Conclusions and Recommendations

- 6.1 Members of the Executive Board are asked to note the content of this report, in terms of:
- the plans and timescales for establishing a reablement service
 - the proposals to further improve productivity and restructure the long-term in house homecare service
 - the proposals to establish a partnership with Commercial Services for the future management of the long-term service.
- 6.2 Members are also asked to note that a further report will be jointly produced by ASC and Commercial Services in July 2011, recommending the future strategic direction of the service, including options for the future provision of the long-term community support service.

Background documents referred to in this report:

- Department of Health's Green Paper - Independence, Wellbeing and Choice (2005)
- Putting People First – The Vision and Commitment to the transformation of Adult Social Care (2007)
- Department of Health's Green Paper - Shaping the Future of Care Together (2009)
- CSED Prospective Longitudinal Study, Interim Report 1: The Short-term Outcomes and Costs of Re-ablement Services (2009)
- CSED Homecare Re-ablement: CSSR Scheme Update Version (2008)
- CSED Retrospective Longitudinal Study: Homecare Reablement (2007)
- Community Care Statistics 2008-09. Social Services Activity Report, England (2010)

The following case studies provide a snapshot of the way that reablement services in Leeds are helping people live more independently in their own homes and local communities.

Jessie's story

Jessie, 84, is a widow and lives alone in Guiseley. She is a proud, independent woman, used to being able to take care of herself. Jessie's shins are very fragile after she burnt them in front of a gas fire. She has a long-standing heart condition and sometimes loses her balance.

Before taking part in the reablement pilot, Jessie was frail and isolated. She was unable to have a bath, had difficulty getting in and out of bed and any activity left her breathless. She was unable to cook, apart from warming meals in her microwave, had poor mobility and was unable to leave the house.

After a period in hospital, Jessie moved into a sheltered bungalow and her OT recommended that she take part in the reablement pilot. Reablement staff supported Jessie with personal care, and helped her get used to her walk-in shower and her new kitchen. A trolley was provided which she was able to use to carry meals from the kitchen to her living room. Jessie was supported by equipment to help her in and out of bed, and a perching stool (equipment that helps people remain in a semi-standing position so they can more easily prepare meals, use hand basins etc).

She also had outreach training and is very pleased that she is now able to get out more easily. "I like to go out every day," Jessie says. "I don't like sitting in. I do my shopping on my own – I value my independence. Sometimes I go to events and birthday parties, or little socials they hold here at the scheme each week. The staff have all been very good. They told me exactly what to expect right from the start. They understand that I want to be independent, and they've shown me how to use electrical appliances like the washer and cooker, because those aren't really my thing. They gave me some typed instructions for the cooker which have been very helpful as a reminder. I'm think I'm going to ask for some for the washing machine too!"

Jessie's OT, Jo Simpson, says that Jessie is now managing so well, the service has been reduced. "Jessie is now fully independent in making meals, getting in and out of bed and bathing. Being able to have a shower rather than a bath has especially made a huge difference for her. She's doing a lot more in the kitchen, and has more energy now that she doesn't have to use the stairs several times a day. Her mobility is much improved and she has really gained in confidence. It's been a pleasure to see such a transformation."

Peter H's story

Peter H lives in LS21. He has dementia and before reablement, he was unable to carry out very basic tasks such as getting dressed or undressed. He found it particularly difficult to shave, wash himself or get in or out of the bath. His main carer had been his disabled wife, Sylvia, but the couple moved to Leeds from the Wirral so they could be nearer to family who could help with some caring responsibilities.

Peter found it very difficult to cope with his deteriorating abilities, and his family became anxious on his behalf.

During reablement it was found that, although his memory problems were so severe that he was unable to carry out many basic tasks, he was actually able to perform many of these activities with reminders and prompting. Peter's son-in-law said:

"The biggest change brought about by reablement was the increase in Peter's self respect – being able to get back to doing some of the things he used to do, with prompting. This gave him – and his family – back some hope that progress was possible.

"The reablement team were extremely friendly and supportive. They took the time to find out about Peter and his disabled wife. They offered very professional advice about assistive technology such as a lift-chair for the bath, safety rails for the bed etc so we could arrange these through the OT. They spent quality time to ensure he was fully assessed and his needs met. We had previously had a care package provided on the Wirral with very little assessment. There was a constant change of staff, which wasn't helpful given Peter's memory problems. We never knew what time they would arrive even though we had agreed times. This caused constant anxiety for Peter's carer/wife. Leeds' assessment team and long-term team have been very supportive, reliable, professional and knowledgeable. If this hadn't been the case, in all probability Peter would have ended up in residential care."

"I am employed as a Performance and Quality Officer with the Probation Service and could not speak more highly of the quality of service and dedication of staff in Leeds."

Mrs Parker's story

Mrs Parker lived with her husband who was her main carer. She had cancer, and had a very limited prognosis. Mrs Parker needed various pieces of moving and handling equipment, so they slept in separate bedrooms. She was at risk of falling out of bed, having done so in the past, and Mr Parker was unable to sleep properly at night as he was afraid she would fall and hurt herself. As a result, he was very tired all the time, and eventually became unable to carry on caring for his wife.

Mrs Parker found she was able to use a bed sensor with a carer alert, which would let Mr Parker know if she fell out of bed. This improved their lives no end. Mrs Parker no longer felt like a burden to her husband, and Mr Parker was able to get a good night's sleep which greatly reduced his stress.

Mrs Parker has now passed away. Her husband has made a formal compliment about the service which improved their quality of life during her final days.

Pauline B's story: "At last I'm feeling more me!"

Pauline B is 83 and lives alone in Yeadon, with her dog Pepper. In May 2010 Pauline developed severe pain following a back injury. Even strong painkillers couldn't help. Her condition deteriorated rapidly, and she lost all motivation.

After a short period of specialist support from the reablement team, and the installation of some equipment in her home including grab rails and smoke alarms, the change in Pauline's condition and mood has been remarkable. She is now able to live independently, apart from receiving assistance to shower twice a week – but she is keen to get to the point where she is doing even this for herself. Pauline and her family are delighted by the difference this has made.

Pauline takes up the story: "After I hurt my back I couldn't do most things. I felt absolutely terrible. I didn't want anyone near me. I looked horrible and lost almost two stone in weight. I wasn't eating – in fact, the thought of food made me feel sick. I couldn't leave the house. My family were all very worried about me and I was worried too.

I've been very lucky with the people who have come to help. They helped me get my confidence back to do things for myself, and helped me sort out my medication. They were very good, very patient. It wasn't a case of doing things for me, just a case of encouraging me. They were quite firm about getting me to do more things for myself, and they did right: now I can do much more.

I couldn't have managed without their help. In fact, my daughter felt I was going to need to go into a nursing home. And I was thinking, what else can I do? I felt resigned to it. But they said, 'Don't think like that. We can help you get your independence back.' It made all the difference.

I try to do my own washing now, apart from the sheets – my daughter-in-law will be helping me with those. I can make all my own food now. I can do bacon and eggs and tomato. And I can feed my dog, Pepper. I still can't quite manage the shower – the staff are helping me get my confidence back with that. I've had grab-rails installed, and the non-slip surface. I can't do cleaning, but I pay my daughter's friend to help with that.

Now I feel much better, and I want to start doing things again. For example, today I feel like reading the newspaper. I haven't wanted to for a long time. I always liked to do the puzzles. And I'm looking forward to getting out of the house – I've been stuck inside for so long! I want to go out on my scooter, with my little dog. At last I'm feeling more *me*."

Pauline's daughter, Julie, says: "The difference in my mother is amazing. Mum had lost all her confidence in doing anything, including her own personal care. She wasn't eating and her pills were all over the place. "She had regular help with food preparation and personal hygiene and is now doing these again for herself. The staff have all been fantastic. I can't thank them enough for the sympathetic but firm way they handled Mum. Now, she has started to live again."